

Board of Health, City of Baltimore,

MAY 8, 1887 OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Jackson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 28. Years, Months, Days.

Color, Colored.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Gubem.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia.

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, { Give street and number } #640 Penn Alley

Cause of Death, { First, (Primary) } Structure of the Spine.
{ Second, (Immediate) } Asthenia.

Duration of last Sickness, Ten months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3, 1887

{ Undertaker, Hercules Ross }

{ Place of Business, 404 Carroll St. }

James Brown M. D.

Medical Attendant

#1216 John St.

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99593

Office of Registration Statistics.

Ward 7

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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MAY 3 1887

CERTIFICATE OF DEATH.

Date of Death,

May 2, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jane D. Kile

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 56 Years,

Months,

Days

Color, W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

No 47 Old. Middle near Ann

Cause of Death, { First (Primary),

Pitifflite Alice.

Second (Immediate),

Exhaustion

Duration of Last Sickness,

For months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 4 1887

Undertaker, Wm H. White

Place of Business, 301 h Broadway

H. H. White, M. D.

Medical Attendant.

Address, 1101 St. Broadway

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

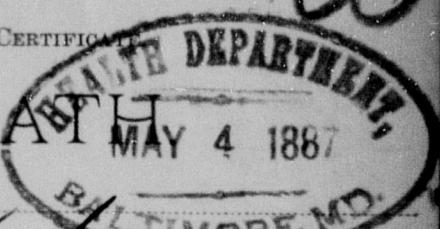
Health Department, City of Baltimore.

Permit No. 9959 Office of Registrar of Vital Statistics. Ward 18²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, May 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Huber

Sex, Male or Female, { Cross out the word not } required in this line. Female

Age, 28 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not } required in this line. Single

Occupation, Balto

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give Street and Number. } 887 Columbia Ave

Cause of Death, { First (Primary), Second (Immediate), } Gastric haemorrhage
Prostration

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 4, 1887

{ Undertaker, J. B. Cook C. R. Budayohn M. D.
Medical Attendant.

{ Place of Business, 1003 W. Baltimore Address, 610 S. Paen Rd.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to LIST of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 99595 Office of Registrar of Vital Statistics. Ward 15

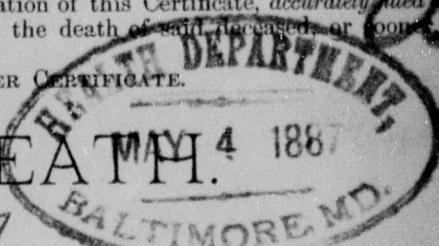
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled up, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 3 1887



Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Leonora W. Bright

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 78 Years,

Months,

Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Lifetimes

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

406 Hanover st

Albumenuria

Cause of Death, { First (Primary),
Second (Immediate), }

Nremia

Duration of Last Sickness,

one year

All the above information should be furnished by the Physician.

Place of Burial, Court Oliver Long

Date of Burial, May 3 1887

H. W. Webster M. D.

Medical Attendant.

{ Undertaker, Denby and Mitchell }

{ Place of Business, 550 Lafayette St }

Address,

106 Barron

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[OVER.]

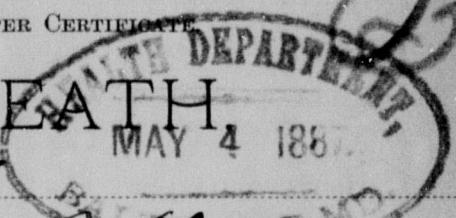
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Health Department, City of Baltimore.

Permit No. 99596 Office of Registrar of Vital Statistics. Ward 97

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH

Date of Death,

May 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Robert J Robinson

Sex, Male or Female, { Cross out the word not required in this line }

Male

Age, 36 Years, 1 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Married

Occupation, Iron Pipe Muter.

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Baltimore MD

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number }

7 Centre Street Space

Cause of Death, { First (Primary), Second (Immediate),

Hepatic Cirrhosis

Duration of Last Sickness,

About 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, May 5th 1887

{ Undertaker, C. J. Berliner

D. McAllister

M. D.

Medical Attendant.

{ Place of Business, 925 Madison Ave

Address, 411 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99597 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, May 2^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas H. Day
BALTIMORE MD.

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 35 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Peddler

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 20th Union Hospital Greene & Lombard St.

Cause of Death, { First (Primary), Acute Bright's Disease. -
Second (Immediate), Serpentine Convulsions & Coma. }

Duration of Last Sickness, 4 weeks.

All the above information shall be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 4 1887 Frank Martin M. D.

{ Undertaker, John J. Cowan

Medical Attendant.

{ Place of Business, Poppleton & Hollins

McMinn Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99598 Office of Registrar of Vital Statistics. Ward 7 1/2

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CERTIFICATE OF DEATH. 1887

Date of Death, May 3 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Mary Ann Denboer

Sex, Male or Female, { Cross out the word not required in this line }

Age, 82 Years, Months, Days.

Color, white.

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth } Baltimore Co.

Duration of Residence in the City of Baltimore, 75 years.

Place of Death, { Give Street and Number } 1422 E Preston St.

Cause of Death, { First (Primary), Second (Immediate), }

old age.

Duration of Last Sickness, a few minutes.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 5th 1887

{ Undertaker, J E Moen & Co

{ Place of Business, 1408 Penn A

G. D. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 2, 1887

MAY 4 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah Taylor

BALTIMORE MD.

Sex, Male or Female, { cross out the word not } required in this line.

Age, 5 Years, Months, Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the word not } required in this line.

Occupation, A. A. Co. Md.

Birthplace, { State or country, (and how long in the United States if of foreign birth.) }

About 5 weeks

Duration of Residence in the City of Baltimore, About 5 weeks

Place of Death, { Give street and number }

871 Bruce street

Cause of Death, { First, (Primary,) }

Acute Bright's Disease

{ Second, (Immediate,) }

Pneumonia

Duration of last Sickness, About 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Thomas E. Sears M. D.

Medical Attendant.

Date of Burial, May 5 1887

Undertaker, William H. Dugger

Place of Business, 150 East St.

Address, 411 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99600 Office of Registrar of Vital Statistics. Ward 18²

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CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 17 Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

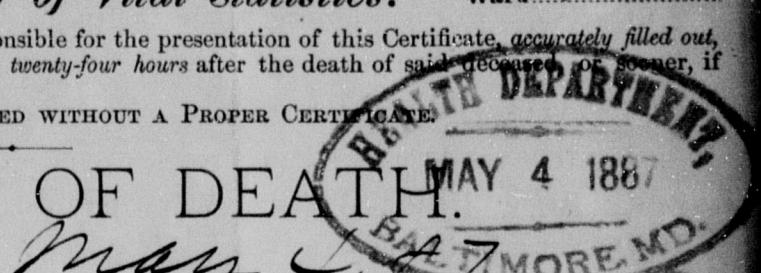
All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 6th 1887

{ Undertaker, Geo Leimbach }

{ Place of Business, #647 W. Pratt St. Address, 81 W. Lombard St }



Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99601 Office of Registrar of Vital Statistics. Ward 3⁴

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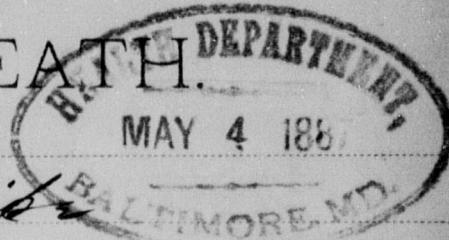
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 3⁴, 1887

MAY 4 1887



Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Flora Gipe

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 5 Months, 20 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 Mo. 20 days

Place of Death, { Give Street and Number. } 24 N. Durham St.

Cause of Death, { First (Primary), Inflammation of the Brain
Second (Immediate), Exhaustion }

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, May the 4, 1887

Undertaker, W. Blotterup Jr.

Place of Business, 1709 E. Lombard

P. M. Horner, M. D.

Medical Attendant.

Address, 1812 E. Baltimore.

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[OVER.]